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Bib Data Sheet

CONFIRMATION NO. 2766

SERIAL NUMBER 09/225,189	FILING DATE 01/05/1999 RULE	CLASS 348	GROUP ART UNIT 2612	ATTORNEY DOCKET NO. SLA0095
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APPLICANTS

RICHARD J. QIAN, CAMAS, WA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/26/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 1	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

ADDRESS

46404
 MARGER JOHNSON & MCCOLLOM, P.C. - SHARP
 1030 SW MORRISON STREET
 PORTLAND , OR
 97205

TITLE

METHOD OF IMAGE BACKGROUND REPLACEMENT

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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